

FAX TRANSMISSION

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TO: United States Patent and Trademark Office
DATE: October 25, 2004
FROM: Christopher J Davies

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703 872 9306

Dear Sir"

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Please acknowledge. Attached is re fax of POA revocation.

By Fax: 401-456-2658, or cell: 401-714-7250, or home tel: 401-539-7644.

Thank You!

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PTO/SB/82 (09-03)

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CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|--------------------|
| Application Number | 10-390997 |
| Filing Date | MARCH 1, 2004 |
| First Named Inventor | Christopher Davies |
| Art Unit | 2932 |
| Examiner Name | JAMES R. Scott |
| Attorney Docket Number | (CD-100) |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

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OR

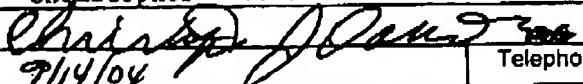
| | | | | |
|--|----------------------|-------|----|-----------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Christopher J Davies | | | |
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I am the: 401-714-7250 Cell

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|------------------|
| Name | Christopher J Davies | | |
| Signature |  | | |
| Date | 9/14/04 | Telephone | 401-539-7644 (H) |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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